S. No.	State/union Territory	No. of Candidates Appeared
4.	Bihar	29311
5.	Chandigarh	955
6.	Dadar & Nagar Haveli	07
7.	Daman & Diu	10
8.	Delhi	8829
9.	Goa	279
10.	Gujarat	1569
11.	Haryana	5639
12.	Himachal	2067
13.	Karnataka	1847
14.	Kerala	10029
15.	Lakshdweep	10
16.	Madhya Pradesh	6783
17.	Maharashtra	8157
18.	Manipur	429
19.	Meghalaya	207
20.	Mizoram	26
21.	Nagaland	94
22.	Orissa	3929
23.	Pondicherry	553
24.	Punjab	6733
25.	Rajasthan	9427
26.	Sikkim	10
27.	Tamil Nadu	4066
28.	Tripura	121
29.	Uttar Pradesh	31821
30.	West Bengal	5376
31.	Others	09
32.	J & K	88
33.	Andhra Pradesh	143
34.	Others	167
		140112

WB aid for Malaria Eradication Programme in Bihar

348. SHRI JANARDAN YADAV: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the World Bank aided Malaria Eradication Programme is being launched in Bihar and in other States;

(b) if so, since when;

(c) the amount of World Bank aid received for the purpose;

(d) the States where the programme is being launched; and

(e) details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) and (b) Yes, Sir. The enhanced Malaria Control Project with support from World Bank has become operational w.e.f. 30.9.1997.

(c) The total cost of the Project is Rs. 891.04 crores including 15% share from the Government of India, spread over a period of 5 years.

(d) and (e) Seven States namely, Andhra Pradesh, Bihar, Gujarat, Madhya Pradesh, Maharashtra, Orissa and Rajasthan have been included in the Project covering 100 Districts and 1045 PHCs identified on the basis of Malaria endemicity and tribal population. The project envisages strengthening of Malaria Control activities in these hard core areas. Besides, 19 towns/cities are proposed to be covered for urban Malaria Control measures in this Project. However, for certain activities like Human Resource Development, IEC and Management Information System the entire country is proposed to be covered.

Ban on Pan Masala and Gutka

349. DR. ALLADI P. RAJKUMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are considering a move to ban the use of chewing tobacco in pan masalas and gutkas in a phased manner;

(b) if so, the time-frame fixed, if any, for the purpose; and

(c) steps contemplated to rehabilitate the large work force connected with the trade?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY

WELFARE (SHRI DALIT EZHILMALAI): (a) and (b) Government has not yet taken a decision on the subject.

(c) Question does not arise.

Agitation by Service Doctors

350. SHRIMATI VEENA VERMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether service doctors, represented by the Service Doctors Association have been agitating and staged a dharna at Nirman Bhawan, New Delhi on February 18, 1998, to press their demands pertaining to Non-Practising Allowance and other perks as per 5th Pay Commission recommendations;

(b) if so, what were their demands and the precise nature of the dispute involved; and

(c) the Government's reaction in resolving of the dispute?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) and (b) Service Doctors had protested at Nirman Bhawan on 18th February 1998 for implementing the Recommendations of the 5th Central Pay Commission relating to Non Practising Allowance and other Allowances.

(c) Government has issued orders on 7th April, 1998, granting Non-Practising Allowance according to the Recommendation of the 5th Central Pay Commission.

दरभंगा में केन्द्रीय सरकार स्वास्थ्य योजना का स्वास्थ्य केन्द्र

351. **चौधरी हरमोहन सिंह यादव: क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:**

(क) क्या सरकार दरभंगा (बिहार) में केन्द्रीय सरकार स्वास्थ्य योजना का कोई स्वास्थ्य केन्द्र बनाने हेतु विचार कर रही है; यदि हां, तो तत्संबंधी ब्यौरा क्या है; और यदि नहीं, तो इसके क्या कारण हैं;

(ख) क्या यह सच है कि दरभंगा (बिहार) में डाक्टरों की लापरवाही के कारण किसी न किसी व्यक्ति की मृत्यु के संबंध में प्रतिदिन एक समाचार अखबारों में प्रकाशित होता है; और

(ग) यदि हां, तो सरकार ऐसी घटनाओं को रोकने के लिए क्या कार्यवाही कर रही है?

स्वास्थ्य और परिवार कल्याण मंत्रालय के राज्य मंत्री (श्री दलित एजिलमलाई) : (क) सरकार को वर्तमान नीति के अनुसार केन्द्रीय सरकार स्वास्थ्य योजना (सीजीएचएस) की सेवाएं पहले ऐसे राज्यों की राजधानियों में प्रदान की जानी हैं जो निर्धारित मानदण्डों को पूरा करते हों और उनके लिए संसाधन उपलब्ध हों। केन्द्रीय सरकार स्वास्थ्य योजना का उसके बाद देश के अन्य शहरों में विस्तार किया जाएगा, जो कि आवश्यकता, संभाव्यता, संसाधनों की उपलब्धता और केन्सस्वा० योजना के मानदण्डों को पूरा करते हों। इस समय दरभंगा (बिहार) में केन्स्वा० योजना केन्द्र खोलने का कोई प्रस्ताव नहीं है।

(ख) और (ग) सरकार के ध्यान में ऐसी कोई खबर नहीं आई है। तथापि, स्वास्थ्य राज्य का विषय होने के कारण संबंधित राज्य सरकार को आवश्यक निवारक उपाय करने होते हैं।

Incinerators for Hospitals

352. SHRI S. RAMACHANDRAN PILLAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) how many of hospitals in Delhi, Mumbai, Calcutta and Chennai have incinerators and effectively manage medical waste, metro-wise;

(b) whether the hospitals use to segregate waste at source which is one of the key elements required for effective management of medical wastes;

(c) whether hospitals workers especially nurses and auxiliaries and porters are being immunised against hepatitis in the cities at risk; and

(d) if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) and (b) 'Health' being a State subject, it is the responsibility of the concerned State Government to ensure proper segregation, and also to provide incinerators or other alternative technology in the hospitals under their administrative control for disposal of medical waste. However, the Medical Superintendents of Central Govt. Hospitals are required to ensure